Entered 10/30/20 11:52:33 Case 18-17963-amc Doc 56 Filed 10/30/20 Desc Main Document Page 1 of 2

Debtor 1	DANIELLE RIGGS	
Debtor 2 (Spouse, if filing)		
United States Bar	nkruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA	
Case number 18-17963		Check if this is:
(If known)		An amended filing
		A supplement showing postpetition chapter 13 income as of the following date:
Official Fo	<u>rm 106l</u>	MM / DD/ YYYY
Schedule	I: Your Income	12/15
supplying correct spouse. If you are	nd accurate as possible. If two married people are filing together (Debt information. If you are married and not filing jointly, and your spouse separated and your spouse is not filing with you, do not include infor sheet to this form. On the top of any additional pages, write your nam	is living with you, include information about your rmation about your spouse. If more space is needed,

Describe Employment

ıaı	Describe Lilipioyillelit									
1.	Fill in your employment information.		Debto	r 1	Debtor 2 or non-filing spouse					
	If you have more than one job,		■ Em	ployed	☐ Employed					
	attach a separate page with information about additional	Employment status	☐ Not	employed	☐ Not employed					
	employers.		SERV	ICE REFERRAL						
	Include part-time, seasonal, or	Occupation	COOF	RDINATOR						
	self-employed work.	Employer's name	PUBL	IC HEALTH						
	Occupation may include student	Positional address								
	or homemaker, if it applies.	Employer's address		MARKET STREET						
			Phila	delphia, PA 19102						
		How long employed ti	nere?	6 YEARS						
				-						

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,437.98 N/A 2. 2. deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. +\$ N/A 3. 0.00 4,437.98 Calculate gross Income. Add line 2 + line 3. \$ N/A

Schedule I: Your Income Official Form 106I page 1

Debtor 1		DANIELLE RIGGS	_	C	Case number (if known)			18-17963				
				1	For Debtor 1			For Debtor 2 or non-filing spouse				
	Сор	y line 4 here	4.	-	\$	4,437	.98	\$	i iiiiig 5	N/A		
5.	List	all payroll deductions:										
	5a.	Tax, Medicare, and Social Security deductions	5a.	9	5	788	06	\$		N/A		
	5b.	Mandatory contributions for retirement plans	5b.		<u> </u>		.00	\$_		N/A	_	
	5c.	Voluntary contributions for retirement plans	5c.		<u> </u>		.00	\$_		N/A	-	
	5d.	Required repayments of retirement fund loans	5d.		<u> </u>		.00	\$_		N/A	-	
	5e.	Insurance	5e.		<u> </u>	149		\$_		N/A	-	
	5f.	Domestic support obligations	5f.		· •		.00	\$_		N/A	-	
	5g.	Union dues	5g.	,	· \$.00	\$		N/A	_	
	5h.	Other deductions. Specify:	5h.		\$			+ \$ _		N/A	-	
6.	Add	Id the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.			5	937.93		\$		N/A	-	
7.	Calc	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	3	3,500	.05	\$		N/A	-	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	;	6	0	.00	\$		N/A		
	8b.	Interest and dividends	8b.		· •		.00	\$_		N/A	_	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	;	-	0.	.00	\$		N/A	-	
	8d.	Unemployment compensation	8d.	;	\$	0.	.00	\$		N/A	-	
	8e.	Social Security	8e.	;	\$	0.	.00	\$		N/A		
	8f. 8g.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income	8f. 8g.				.00	\$_ \$		N/A N/A	-	
	8h.	Other monthly income. Specify:	8h.		<u> </u>		.00	· —		N/A	-	
	011.		_ '''			<u> </u>	.00	` <u> </u>		11//	- -	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.	.00	\$_		N/A	<u> </u>	
10.	Calc	culate monthly income. Add line 7 + line 9.	10.	Б	3.5	00.05	+ \$		N/A	= \$	3,500.05	
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	Ľ	_			Ľ				0,000.00	
11.	I1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00											
12.	2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies 12. \$ 3,500.05											
13.	Doy	ou expect an increase or decrease within the year after you file this form	?							monthl	y income	
		No.										
		Yes. Explain:										